

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Lonegan For Congress

Full Name (Last, First, Middle Initial)

Ms. Constance Murray

Mailing Address 629 Devon Ave

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing
federal political committee.

C

Name of Employer

DeLaney Family Chiropractic

Occupation

Office manager

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		07		2014

Transaction ID : SA11Ai-CN62383

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

MRS Ilse M Niedermayer

Mailing Address 911 Yorkshire Rd

City

Colonial Heights

State

VA

Zip Code

23834-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Transaction ID : SA11Ai-CN66641

Amount of Each Receipt this Period

450

Full Name (Last, First, Middle Initial)

MRS Ilse M Niedermayer

Mailing Address 911 Yorkshire Rd

City

Colonial Heights

State

VA

Zip Code

23834-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

900

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11Ai-CN67994

Amount of Each Receipt this Period

450

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1150.00